



# SEEC FORM 8

**Independent Expenditure Only Political Committees**  
STATE ELECTIONS ENFORCEMENT COMMISSION  
Revised July 2014

148688

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## REGISTRATION TYPE

- ☒ Original  
☐ Amendment/  
Biennial with Changes

<b>1. NAME OF COMMITTEE</b>				<b>2. ACRONYM</b>	
Working Families for Connecticut				WFC	
<input type="checkbox"/> <b>Previously Registered as Different Committee</b> <small>Name of previous committee (if different from above)</small>					
<b>3. COMMITTEE ADDRESS</b>			<b>4. COMMITTEE E-MAIL / 5. COMMITTEE WEBSITE</b>		
Address 77 Huyshope Avenue			Email		
City Hartford	State CT	Zip Code 06106	Website		
<b>6. CHAIRPERSON NAME</b>					
First Name Kurt		MI	Last Name Westby		Suffix
<b>7. CHAIRPERSON RESIDENCE ADDRESS</b>			<b>8. CHAIRPERSON MAILING ADDRESS (If different)</b>		
Street Address 423 Coleman Road			Address 77 Huyshope Ave.		
City Middletown	State CT	Zip Code 06457	City Hartford	State CT	Zip Code 06106
<b>9. CHAIRPERSON TELEPHONE</b>		<b>10. CHAIRPERSON E-MAIL ADDRESS</b>			
(Include Area Code) 860-262-4111		westbykurt@gmail.com			
<b>11. TREASURER NAME</b>					
First Name Kurt		MI	Last Name Westby		Suffix
<b>12. TREASURER RESIDENCE ADDRESS</b>			<b>13. TREASURER MAILING ADDRESS (If different)</b>		
Street Address 423 Coleman Road			Address 77 Huyshope Ave.		
City Middletown	State CT	Zip Code 06456	City Hartford	State CT	Zip Code 06106
<b>14. TREASURER TELEPHONE</b>		<b>15. TREASURER E-MAIL ADDRESS</b>			
(Include Area Code) 860-262-4111		westbykurt@gmail.com			
<b>16. DEPUTY TREASURER NAME</b>					
First Name		MI	Last Name		Suffix
<b>17. DEPUTY TREASURER RESIDENCE ADDRESS</b>			<b>18. DEPUTY TREASURER MAILING ADDRESS (If different)</b>		
Street Address			Address		
City	State	Zip Code	City	State	Zip Code
<b>19. DEPUTY TREASURER TELEPHONE</b>		<b>20. DEPUTY TREASURER E-MAIL ADDRESS</b>			
(Include Area Code)					
<b>21. DEPOSITORY INSTITUTION NAME</b>					
Chase Bank					
<b>22. DEPOSITORY INSTITUTION ADDRESS</b>					
Address <del>140 Amity Road</del> 234 CHURCH ST.			City New Haven		State CT Zip Code 06510

Making a false statement on this form may subject you to criminal penalties, including but not limited to, imprisonment for up to one year or a fine of up to two thousand dollars, or both.

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<b>NAME OF COMMITTEE</b>		<b>REGISTRATION TYPE</b>	
Working Families for Connecticut		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
<b>23. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23A. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23B. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23C. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23D. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23E. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23F. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code
<b>23G. OFFICER NAME</b>		<b>TITLE OR POSITION</b>	
<b>OFFICER RESIDENCE ADDRESS</b>			
Address		City	State   Zip Code

## SEEC FORM 8

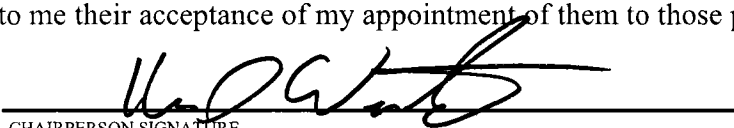

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NAME OF COMMITTEE		REGISTRATION TYPE	
Working Families for Connecticut		<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes	
24. COMMITTEE SUBTYPE			
<input type="radio"/> Two or More Individuals <input type="radio"/> Labor Union <input type="radio"/> Business Entity <input checked="" type="radio"/> Other Organization			
25. PURPOSE OF COMMITTEE (Select a single committee purpose under A or B and applicable subtype)			
<b>A. <input type="radio"/> Ongoing</b> (Select subtype) <input type="radio"/> State Elections Only <input type="radio"/> Municipal Elections Only <input type="radio"/> Both		<b>B. <input checked="" type="radio"/> Durational</b> (Select subtype) <input checked="" type="radio"/> Single Election Date <u>11/4/14</u> <input type="radio"/> Single Referendum Date _____ <input type="radio"/> Single Primary Date _____ <input type="radio"/> Constitutional Amendment Date _____	
26. REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT ONLY		27. GROUP'S POSITION ON THE REFERENDUM QUESTION or CONSTITUTIONAL AMENDMENT	
Brief description of subject matter of Referendum Question or Constitutional Amendment		<input type="radio"/> Support <input type="radio"/> Oppose	
28. COMMITTEES ESTABLISHED BY BUSINESS ENTITY, LABOR UNION OR OTHER ORGANIZATION OR ASSOCIATION ONLY			
Entity Name <u>WORKING FAMILIES ORGANIZATION</u>	Address <u>2 NAVINS ST., 3RD FL.</u>	City <u>BROOKLYN</u>	State <u>NY</u> Zip Code <u>11237</u>
29. SECTION RESERVED		30. SECTION RESERVED	
31. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A REGISTERED LOBBYIST? <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Registered Lobbyist _____		<input type="radio"/> Client Lobbyist <input type="radio"/> Communicator Lobbyist <input type="radio"/> Both	
32. IS COMMITTEE ESTABLISHED OR CONTROLLED BY AN ELECTED STATEWIDE OFFICIAL, GENERAL ASSEMBLY MEMBER OR AGENT THEREOF? <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Official, Member or Agent _____			
33. DOES COMMITTEE FILE REPORTS WITH FEDERAL ELECTION COMMISSION OR ANY OUT-OF-STATE ELECTIONS AGENCY?			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Agency _____			
34. HAS A CONTRIBUTION OR DISBURSEMENT BEEN RECEIVED PRIOR TO THIS REGISTRATION STATEMENT?			
<input checked="" type="radio"/> No <input type="radio"/> Yes See instructions for additional filing requirements.			
35. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A STATE CONTRACTOR OR PRINCIPAL OF A STATE CONTRACTOR? <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Contractor or Principal _____			
36. PURPOSE OF COMMITTEE AS TO STATEWIDE & GENERAL ASSEMBLY CANDIDATES			
<b>A.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for Statewide Office? <input type="radio"/> No <input checked="" type="radio"/> Yes		<b>B.</b> Is this Political Committee authorized to make expenditures for the benefit of candidates for General Assembly? <input checked="" type="radio"/> No <input type="radio"/> Yes	
37. IS COMMITTEE ESTABLISHED OR CONTROLLED BY A PRINCIPAL OF AN INVESTMENT SERVICES FIRM? <span style="float: right;"><input type="checkbox"/> See Addendum</span>			
<input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, Name of Principal _____			

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NAME OF COMMITTEE	REGISTRATION TYPE
Working Families for Connecticut	<input checked="" type="radio"/> Original <input type="radio"/> Amendment/ Biennial with Changes
<b>38. CERTIFICATION</b>	
Chairperson	
<p>I hereby certify and state, under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief, that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee, and further, that this statement includes my certification to the fact that any individual designated herein to serve as the treasurer or deputy treasurer have indicated to me their acceptance of my appointment of them to those positions.</p> <p> CHAIRPERSON SIGNATURE</p> <p><u>9-10-14</u> DATE (mm/dd/yyyy)</p>	
Treasurer	
<p><input checked="" type="checkbox"/> <b>Initial Committee Registration:</b> I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee, and that I am <i>either</i> submitting this registration statement <i>together with</i> a SEEC FORM 40 complete as to the committee's first day of receiving contributions or disbursements benefiting the committee or that I understand that I shall become obligated to file the committee's first SEEC FORM 40 within 48 hours after receiving the committee's first contribution or disbursement. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.</p> <p><input type="checkbox"/> <b>Amended Committee Registration:</b> I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.</p> <p><input type="checkbox"/> <b>Biennial Committee Re-Registration:</b> I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.</p> <p> TREASURER SIGNATURE</p> <p><u>9-10-14</u> DATE (mm/dd/yyyy)</p>	

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NAME OF COMMITTEE	REGISTRATION TYPE
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**38. CERTIFICATION** *continued*

Deputy Treasurer

☒ **Initial Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

☐ **Amended Committee Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

☐ **Biennial Committee Re-Registration:** I hereby certify and state, under penalties of false statement, that I have accepted my appointment by the chairperson to serve as the designated deputy treasurer of this political committee. I intend to comply with all the campaign finance disclosure requirements as contained in Chapter 155 of the General Statutes, and to abide by any prohibitions, limitations or restrictions concerning campaign contributions and expenditures. I further hereby certify and state under penalties of false statement, that all of the designations set forth in this political committee registration statement are true, accurate and complete to the best of my knowledge and belief and that this committee intends solely to make expenditures that are independent of, and not coordinated with, any candidate, candidate committee, party committee or political committee.

\_\_\_\_\_  
DEPUTY TREASURER SIGNATURE\_\_\_\_\_  
DATE (mm/dd/yyyy)**ADDITIONAL PAGES FOR SEEC FORM 8**

If additional pages are needed to complete all information required in Sections 23, 31, 32, 35 or 37 of the form, please reproduce the "Additional Page" for the appropriate section, and attach the page(s) to the SEEC Form 8.